

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-878)

SERIAL NO. 097155921 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	X						51					
2	X						52					
3	X						53					
4	X						54					
5	X						55					
6	X						56					
7	X						57					
8	X						58					
9							59					
10	X	X	X	X			60					
11							61					
12					1		62					
13			1				63					
14			1				64					
15			1				65					
16			2				66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	31		3		2		TOTAL IND.					
TOTAL DEP.	6		6		5		TOTAL DEP.					
TOTAL CLAIMS	37		9		7		TOTAL CLAIMS					